

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)****FY 2005***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).*

Docket Number (Optional)

3660P035

In re Application of  
William R. Blair

Application Number

09/783,747

Filed

2/15/2001

For System and Method for Creating Catalog Neutral  
Products

Group Art Unit

3624

Examiner

Kesack, Daniel

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing an Amendment and Response to Office Action in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$450	\$225	
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$1020	\$510	
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$1590	\$795	
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$2160	\$1080	

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 31,460.☐ attorney or agent acting under 37 CFR 1.34(a).Registration number if acting under 37 CFR 1.34(a) 31,460.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.**

October 19, 2006

Date

(408) 720-8300

Telephone Number

Signature

Lester J. Vincent

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.